

New to Medi-Cal Provider Application Reference Chart

Provider Type	DHS 6201 “Medi-Cal Durable Medical Equipment Provider Application”	DHS 6202 “Medi-Cal Orthotics and Prosthetics Provider Application”	DHS 6203 “Medi-Cal Provider Group Application”	DHS 6204 “Medi-Cal Provider Application”	DHS 6205 “Medi-Cal Pharmacy Provider Application”	DHS 6206 “Medi-Cal Transportation Provider Application”	DHS 6207 “Medi-Cal Disclosure Statement”	DHS 6208 “Medi-Cal Provider Application/Agreement”	DHS 6209 “Medi-Cal Supplemental Changes”	DHS 6210 “Medi-Cal Physician Application/Agreement”	DHS 6248 “Medi-Cal Rendering Practitioner Application”	Required Attachments
Application Color	Blue	Yellow	Salmon	White	Green	Light Pink	White	White	Canary Yellow	Purple	White	
Allied Health Provider (Audiologist, Optometrist, etc.)				X			X	X				Driver's License/State Issued ID Card, TIN Verification, License, Certificate or other approval, and Fictitious Business Name Statement/Permit
DME	X						X	X				Fictitious Business Name Statement, TIN verification, Seller's permit, any local business license numbers/permits, Bureau of Home Furnishings and Thermal Insulation License, Home Medical Device Retailer License, Home Medical Device Retailer Exemptee License, and Driver's License/State Issued ID card of person signing application
Exempt from Licensure Clinic (Physician)							X			X		Driver's License/State Issued ID Card, TIN Verification, CLIA certificate (if applicable), medical license, Fictitious Name Permit, State Laboratory License/Registration (if applicable), certificate of Insurance for liability/professional liability insurance, local business license(s) or permit(s), and seller's permit
Exempt from Licensure Clinic (All Other Provider Types)				X			X	X				Driver's License/State Issued ID Card, TIN Verification, License, Certificate or other approval, and Fictitious Business Name Statement/Permit
Independent Diagnostic Testing Facility												Driver's License/State Issued ID Card, TIN Verification, License, Certificate or other approval, and Fictitious Business Name Statement/Permit
Lab				X			X	X				Driver's License/State Issued ID Card, TIN Verification, License, Certificate or other approval, Fictitious Business Name Statement/Permit, CLIA Certificate, and State Laboratory License/Registration

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Medical Transportation						X	X	X				<p><u>For all types</u> Fictitious Business Name Statement/Permit, TIN verification, proof of insurance, city/county business license/certificate, Driver's license or state-issued ID card of person signing the application, and verification of Emergency Medical Services (EMS)</p> <p><u>Ambulance</u> CHP certificates (301 and 360A0, Brake/lamp certificate, Driver's license for each driver, DMV commercial vehicle registration, certificates for First aid/CPR for each driver, DMV DL-51 form signed by a physician for each driver, DMV driving history printout for each driver, and Standard pre-employment drug and alcohol tests lab results for each driver</p> <p><u>Aircraft</u> FAA certificate and FAA pilot's license for each pilot</p> <p><u>Litter and/or wheelchair van</u> Brake and lamp certificate, Driver's license for each driver, DMV commercial vehicle registration, certificates for first aid/CPR for each driver, standard pre-employment drug and alcohol tests lab results for each driver and photos of litter and/or wheelchair van</p>
Nonphysician Medical Practitioner (Certified Nurse Midwife, Physician's Assistant)							X	X			X	Drivers License/State Issued ID card for provider, supervising physicians drivers' license or state issued ID card, license or certification, employing provider's medical license and supervising physician's medical license

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Pharmacy					X		X	X				Fictitious Business Name Statement, TIN verification, Seller's permit, Licenses/certificates associated with business activities, drug enforcement agency controlled substance registration certificate, California State Board of Pharmacy Permit, Bureau of Home Furnishings & Thermal Insulation License, Driver's License/State Issued ID for pharmacist in charge, Pharmacist in charge license, and Driver's License/State Issued ID card of person signing the application
Physician							X			X		Driver's License/State Issued ID Card, TIN Verification, CLIA certificate (if applicable), medical license, Fictitious Name Permit, State Laboratory License/Registration (if applicable), certificate of Insurance for liability/professional liability insurance, local business license(s) or permit(s), and seller's permit
Provider Group			X				X	X				TIN verification, Fictitious Business Name Statement or Fictitious Name Permit, Seller's Permit, Driver's license/State issued ID card, CLIA certificate, State laboratory license/registration, applicable certificates, and complete application package for each rendering provider
Required Professional Experience (RPE)												Driver's License/State Issued ID Card, TIN Verification, License, Certificate or other approval, and Fictitious Business Name Statement/Permit

This application matrix will change once the Emergency Regulation Package R-04-04E is adopted by the Secretary of State.